Long Hollow District Financial Assistance

Today's	Date:	_Phone #:
Name:_		·
Manager (**		
		1 eat 2007
i am req	uesting assistance for:	
· Account de Salato	Youth Assistance	
	Funeral Assistance	
regradus yyeri	Hardship-DOB	
	Stipends-attach minutes	;
	Other	
Please d	lescribe why you are requ	esting assistance @ this time:
***************************************	C:.	
(Applica	nt's Signature)	
	•	***********
> App	roved	
	pproved	•

Date:	Check #:	Amount Received: \$
*****	******	********
Eund Namer	=	und Account Number:

(Executi	ve Signature)	(Executive Signature)
*****	***********	**********
(Signatu	re of Recipient)	(Date)
***Must have	documentation attached	Mailed Date:
	r approval from applicant & signed lef	ter if you are picking up someone else check